

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>02</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/08/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELMCROFT OF NORTH RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 NEWTON ROAD RALEIGH, NC 27609</b>
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C 000	Initial Comments  Report of a Biennial Construction Survey by Frank Strickland and Chris Sluder on 06/08/2016.  Records indicate the original building, currently named Heartland Village, was first licensed on 02/01/1985 and the annex, currently named Assisted Living, was first licensed on 06/23/1995. The facility is currently licensed for a total of 161 Beds with a 58 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (1st building) and the 1991 (2nd building) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 and 1994 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.  Deficiencies were cited and a Plan of Correction is required.	C 000	See attached plan of correction.	
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8892

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C 101	Continued From page 1  Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;  This Rule is not met as evidenced by: 1-Based on observations, it appears the facility has not met code requirements for drain and venting of waste water from laundry washing machines into the sanitary sewer system.  Findings on 06/08/2016: In the Heartland Village laundry, although there was no odor of sewer gas, there were no visible P-traps for forming water seals in the washing machine drains.	C 101		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained all of the plumbing fixtures in the bathrooms in good repair.  Findings on 06/08/2016: It appears that weight has been applied to the sink in the 2nd floor Community Bath resulting in the sink feeling loose and forming a gap between	C 164		

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C 164	Continued From page 2 the sink and the wall.	C 164		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1-Based on observation, interview and record review, the facility has failed to maintain all fire safety equipment in an operating condition. This could effect the safety of residents so the facility put a Plan of Protection in place.  Findings on 06/08/2016: Observation of the fire alarm panel indicated the panel was showing a trouble condition because an alarm had been silenced. Interview with facility staff indicated that during the recent sprinkler system recertification there was a problem with the 'clapper' being worn out and it was not able to be reset. Review of the documentation left by the sprinkler contractor indicated the system was left 'wet'. The fire alarm system monitoring station was contacted and it was verified that the fire alarm system is indicating a low air supervisory alarm.  In this condition, a fire which begins in any space that doesn't have separate automatic fire	C 189		

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C 189	<p>Continued From page 3</p> <p>detection in addition to the fire sprinkler system will not activate the fire alarm system to notify the occupants of an alarm and summon the fire department. Based on this impairment, the facility enacted a Plan of Protection which included conducting a fire watch until the impairment is corrected.</p> <p>2-Based on observations, the facility has failed to maintain the Building in a safe condition. The condition restricts the ability of occupants of the upper story of Heartland village from being able to evacuate to a safe location in an emergency.</p> <p>Findings on 06/08/2016: The gates marked with self-illuminating exit signs located on each side of the SCU Courtyard were equipped with magnetic locking and were also chained and padlocked. There were no other exits nor was the courtyard large enough to provide a safe area without using an exit gate. At the time of survey, the left-hand gate had the chain and lock removed.</p> <p>3-Based on observation, the facility has failed to maintain all fire safety equipment in a safe and operating condition.</p> <p>Findings on 06/08/2016: The gates in the Special Care Unit Courtyard have self-illuminating exit signs mounted on them. The word 'EXIT' was difficult to see in the daylight because the EXIT templates were not in place to provide contrast for visibility.</p> <p>4-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour rated corridor construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or</p>	C 189		

PRINTED: 06/22/2016  
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C 189	<p>Continued From page 4</p> <p>smoke is not contained in a room or compartment of origin.</p> <p>Findings on 06/08/2016: The sheet-rock corridor ceiling is damaged due to repair work in the attic outside Room 17.</p> <p>5-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour rated ceiling construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Findings on 06/08/2016: The sheet-rock ceiling is damaged in various locations due to a plumbing leak from the above Kitchen in Room 47. Interview with facility staff confirmed that the leak has been repaired and the ceiling is scheduled to be repaired.</p> <p>6-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour rated ceiling construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Findings on 06/08/2016: The sheet-rock ceilings are damaged due to a water migration from the attic and are stained with some mold in the resident bathrooms at the following locations: (a) Heartland Village/Room 8 (b) Heartland Village/Room 29</p> <p>7-Based on observation, the facility was not maintained in a safe manner due to breaches</p>	C 189		

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STATE FORM

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C 189	<p>Continued From page 5</p> <p>through the fire resistance rated construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p><i>Findings on 06/08/2016:</i> There are 3/4 inch CPVC pipes that are penetrating the 1 hour fire resistance rated ceiling that are not sealed. This condition is above the lay-in ceiling in the Resident Services Coordinator's office across from Room 116.</p> <p>8-Based on observation, the facility was not maintained in a safe manner due to breaches through the corridor wall construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p><i>Findings on 06/08/2016:</i> There is a 3/4" electrical metallic conduit that is penetrating the corridor wall that is not sealed. This condition is located above the lay-in ceiling in the corridor at Room 116.</p> <p>9-Based on observation, this facility has failed to maintain in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage.</p> <p><i>Findings on 06/08/2016:</i> The emergency wall light that are located at the following locations did not illuminate when tested in the emergency mode: (a) Assisted Living -Dining Hall (b) Assisted Living -Lower Level Exit (Van Thomas Drive side)</p>	C 189		



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C 189	Continued From page 6  (c) Assisted Living -Outside Soiled Linen (d) Heartland Village -Corridor outside Room 47  10--Based on observation, the facility has not maintained in a safe manner by improper storage of oxygen cylinders. This could affect all residents and staff by potentially exposing them to hazards for a ruptured ruptured cylinder.  Findings on 06/08/2016: There are oxygen bottles in the corner of the Heartland Village Storage/Maint.Room that are in a rack meant for 2 liter soda bottles. This rack will not prevent the cylinders from falling over.  11--Based on observations, the facility fire protection equipment was not maintained in a safe manner. This could effect all residents and staff by not providing full sprinkler coverage upon activation.  Findings on 06/08/2015: There are sprinkler head escutcheons that have dropped resulting in gaps greater than 1/8 inch in the corridor between Room 214 and Room 218.	C 189		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room;	C 199		

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C 199	<p>Continued From page 7</p> <p>(3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p><i>This Rule is not met as evidenced by:</i> 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.</p> <p><i>Findings on 06/08/2016:</i> The mechanical exhaust fans are not exhausting interior air in the following locations: (a) Assisted Living -100 HALL (b) Assisted Living -200 HALL ( ) (c) Assisted Living -Lower Level Housekeeping Closet (d) Heartland Village Rooms (2,5,7,17,20,22,25,26 &amp; 28)</p> <p>2-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.</p> <p><i>Findings on 06/08/2016:</i> There were buckets of housekeeping water that generated soiled odors that were located in the Storage Riser Room/Lower Level Annex Building. The buckets were removed at the time of the inspection.</p> <p>3-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are</p>	C 199		



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C 199	Continued From page 8  generated. This could affect residents and staff by subjecting them to house-keeping odors.  Findings on 06/08/2016: There were buckets of housekeeping water that generated soiled odors that were located in the Mechanical Closet /Lower Level Annex Building. The buckets were removed at the time of the inspection.	C 199			

**POC Elmcroft of Northridge**

The following is a Plan of Correction for Elmcroft of Northridge. This Plan of Correction is in regards to the Statement of Deficiency from June 8<sup>th</sup>, 2016. This Plan of Correction is not to be construed as an admission of our agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to each identified issue. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

**C 101****.0300-Physical Plant & .0301 Application of Physical Plant Requirements**

Maintenance Director is verifying blue prints of community to determine if P-Trap is in place. If necessary we will contact a vendor to come in and verify that P-Trap is in place in the Heartland Village laundry area. To be completed by 7/23/16.

**C164****.0300-Physical Plant & .0306 Housekeeping & Furnishings**

Loose sink repairs completed 7/7/16. Gap is no longer present between sink and wall.

**C189****.0300-Physical Plant & .0311 Other Requirements**

#1. Sprinkler repairs have been completed, fire watch is no longer in effect as sprinkler is fully operational and functioning, 6/10/16.

#2 & #3. Exit sign on secured courtyard left side gate has been removed. Manual lock in addition to magnetic locking system was removed on right side gate. Right side gate is an exit gate.

#4. Repair to ceiling outside of room 17 to be completed by 7/23/16.

#5. Plumbing leak in room 47, from above kitchen, repaired by plumbing vendor, 6/17/16.

#6. Repairs completed 6/11/16.

#7 & #8. Repairs to be completed by 7/23/16.

#9. Repairs completed 7/6/16.

#10. Oxygen containers were stored in approved oxygen crate. Containers have been removed from this area and placed in the proper location, 6/9/16.

#11. Repair to sprinkler head escutcheons gaps completed 7/7/16.

**C199**

**.0300-Physical Plant & .0311 Other Requirements**

#1 & #3. Exhaust vendor scheduled to assess and make recommendations for exhaust ventilation.

#2. Mop water removed at time of survey.